

STATE OF ILLINOIS,

County of McLean

} ss.

ASSUMED NAME CERTIFICATE INTENTION

This is to certify that the undersigned intend__ to conduct and transact a _____

business in said County and State under the name of _____

at the following post office addresses:

ADDRESS _____

CITY _____

STATE _____

ZIP _____

BUSINESS PHONE(_____)

FAX(_____)

E-MAIL _____

that the true and real full names of all persons owning, conducting or transacting such business, with the respective post-office address of each, are as follows:

NAMEPOST OFFICE ADDRESS

Dated this _____ day of _____, A.D. _____.

STATE OF ILLINOIS,

County of _____

} ss.

I, _____, a Notary Public

in and for said County and State, do hereby certify that _____

_____ personally

known to me to be the same person__ whose name _____ subscribed to the foregoing

instrument, appeared before me this day in person and acknowledged that __he__ ha____ read and signed

said instrument and that the statements therein contained, and each thereof, are true.

I hereby certify that the foregoing was _____

duly filed in this office the _____ day of _____

Notary Public.

_____, _____

My commission expires on the _____ day

of _____, A.D. _____

McLean County Clerk